State of Tennessee
Department of Commerce and Insurance
Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243
615-741-2550 or 888-453-6150 (Fax 615-532-8800)

AFFIDAVIT FOR CPE EXEMPTION AND INACTIVE CPA/PA STATUS

(Must Be Notarized)

By: _____
(Licensee's Full Name and Address - print or type)

after being duly sworn, deposes and says:

I, _____, hereby advise the Tennessee State Board of Accountancy that I wish to surrender my right to practice public accountancy and change my certificate from 'Active' to 'Inactive' status.

I warrant and affirm that I have not performed or offered to perform for the public, individually or as an employee in a firm, one or more kinds of services involving the use of accounting or auditing skills, including the issuance of reports on financial statements, nor have I performed or offered to perform for the public one or more kinds of management advisory, financial advisory or consulting services nor have I performed or offered to perform for the public services including preparation of tax returns or the furnishing of advice on tax matters since_____ (date must precede period for which you are seeking exemption.)

I understand that by doing so I give up the right to use the title of certified public accountant or licensed public accountant without including 'Inactive' adjacent to the use of the title which includes the abbreviations CPA, PA and the word 'Accountant.' I understand that by making this election I can not perform or offer to perform for the public any of the services listed in the previous paragraph. I further certify that I have read and understand the Law and Rules of the Board of Accountancy.

I understand that I must continue to renew my permanent certificate on a regular biennial basis and pay the renewal fees assessed by the Board of Accountancy. I further understand that in order to return to active status, I must complete eighty (80) hours of technical CPE during the 24 month period preceding the date I request reactivation of my license.

Additionally, I understand that violation of Tennessee Code Annotated, Title 62, Chapter 1 and/or the rules and policies of the Tennessee State Board of Accountancy relating to improperly performing services for the public and/or using my credential in the State of Tennessee is cause for disciplinary action by the Tennessee State Board of Accountancy.

_____ _____ _____
Affiant Signature Certificate Number Date of Signature

_____
Street Address City State Zip

Sworn and subscribed Before Me this _____ day of _____, 20_____.

_____
Notary signature
Notary Public: My Commission Expires: _____ (Seal)

IN - 1324 (06/3/2009) RDA 2225